

**PRINTER RUSH**  
(PTO ASSISTANCE)

HC Printing

Application : 09/643090

Examiner : He, Don P.

GAU : 2819

From: Pat

Location: IDC FME FDC

Date: 3/7/05

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Week Date:                     

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
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<input type="checkbox"/> IIFW	_____	<input checked="" type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
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[RUSH] MESSAGE: fees: there is no fee stamp

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Thank You

[XRUSH] RESPONSE: Issue Fee has been changed

INITIALS: DT

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including fee payment, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, under (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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14436 7520 11/22/2004

TOLER & LARSON & ABEL L.L.P.  
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Judy Barry	(Depositor's name)
<i>[Signature]</i>	(Signature)
2/23/05	(Date)

APPLICATION NO.	FILED DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09603.039	08/21/2000	Oleg Drapkin	AT1000142	8441

TITLE OF INVENTION: OUTPUT DRIVER APPARATUS AND METHOD THEREOF

APPLM TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
comprovisional	NO	\$1400	30	\$1400	02/23/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
LE, DON P		2819	326-003000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.343).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47, Rev 03-02 or more recent) attached. Use of a Correspondence Number is required.

2. For printing on the front front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Toler, Larson &amp; Abel, LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ATI Technologies, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Thornhill, Ontario, Canada

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 3

4b. Payment of Fee(s):

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5. Change in Entity Status (from above indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature *[Signature]*  
Typed or printed name Ryan S. Davidson

Date 23 February 2005

Registration No. 51,598

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